



**Family Planning Program  
Class D Pharmacy License Exemption Request**

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Eliud Acevedo, MD</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>1405 Jacaman Rd. Suite 101</b>	City <b>Laredo</b>	County <b>Webb</b>	State <b>TX</b>	ZIP <b>78041</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>	Contact Email Address <b>toni@heidigroup.org</b>		

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site.
- b) The Pharmacy will bill the Clinic provider. The provider will pay the pharmacy invoice and then submit for reimbursement from the Family Planning Program.
- c) Agreement with the pharmacy to provide 12-month prescription for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

**PART IV – MEMORANDUM OF UNDERSTANDING (MOU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

**Carol Everett**

Digitally signed by Carol Everett  
Date: 2016.12.13 14:56:52 -06'00'

**12/13/2016**

Date

Class D Pharmacy Exemption Granted:  Yes  No

Signature

Date

## MEMO OF UNDERSTANDING

Manteno Pharmacy has an agreement with Elind Acevedo, MD  
(Name of Pharmacy) (Doctor or Clinic)  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Elind Acevedo, MD will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic) from the State of Texas through the Family Planning Program.

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

Antonio Martinez P.J.C.  
\_\_\_\_\_  
Pharmacy Representative Title

12/15/16  
\_\_\_\_\_  
Date

Pharmacy Address: 1407 Jacaman Road  
Laredo, TX, 78045

Elind Acevedo, MD  
\_\_\_\_\_  
Physician or Clinic Representative

12/15/16  
\_\_\_\_\_  
Date





## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Eliud Acevedo, MD, will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in one of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



**Family Planning Program**  
**Class D Pharmacy License Exemption Request**

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>B&amp;W Healthcare Associates</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>400 West Plummer</b>	City <b>Eastland</b>	County <b>Eastland</b>	State <b>TX</b>	ZIP <b>76448</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>	Contact Email Address <b>toni@heidigroup.org</b>		

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site. Walmart 1410 E Main St. Eastland, TX 76448
- b) The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.
- c) The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.
- d) This method of payment is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

**PART IV – MEMORANDUM OF UNDERSTANDING (MOU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

**Carol Everett**

Signature

Digitally signed by Carol Everett  
Date: 2016.12.13 14:56:52 -06'00'

**12/13/2016**

Date

Class D Pharmacy Exemption Granted:  Yes     No

Signature

Date



## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/B&W Healthcare Associates will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in one of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
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3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



**Family Planning Program**  
**Class D Pharmacy License Exemption Request**

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Brazos Medical Associates</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>4112 E. 29th Street</b>	City <b>Bryan</b>	County <b>Brazos</b>	State <b>TX</b>	ZIP <b>77802</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>		Contact Email Address <b>toni@heidigroup.org</b>	

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site.
- b) The Pharmacy will bill the Clinic provider. The provider will pay the pharmacy invoice and then submit for reimbursement from the Family Planning Program.
- c) Agreement with the pharmacy to provide 12-month prescription for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

**PART IV – MEMORANDUM OF UNDERSTANDING (MOU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

**Carol Everett**

Signature

Digitally signed by Carol Everett  
Date: 2016.12.13 14:56:52 -06'00'

**12/13/2016**

Date

Class D Pharmacy Exemption Granted:  Yes  No

Signature

Date

**MEMO OF UNDERSTANDING**

GoldStar Pharmacy has an agreement with NOREEN JOHNSON M.D.  
(Name of Pharmacy) (Doctor or Clinic) BJ6493667  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

NOREEN JOHNSON will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic) from the State of Texas through the Family Planning Program.

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

Bessen Ober  
Pharmacy Representative

Pharmacy Manager  
Title

12/15/16  
Date

Pharmacy Address:

Heidi Gruet  
Physician or Clinic Representative

12/15/16  
Date

Heidi Gruet



## **Family Planning Program**

### **Pharmacy and Medication Policy**

The Heidi Group/Brazos Medical Associates, will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in one of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



**Family Planning Program**  
**Class D Pharmacy License Exemption Request**

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Community Wellness Clinic</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>201 Enterprise Row Suite 12</b>	City <b>Conroe</b>	County <b>Montgomery</b>	State <b>TX</b>	ZIP <b>77301</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>		Contact Email Address <b>toni@heidigroup.org</b>	

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site. Walmart 1407 N. Loop 336 W Conroe, TX 77304
- b) The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.
- c) The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.
- d) This method of payment is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

**PART IV – MEMORANDUM OF UNDERSTANDING (MOU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

**Carol Everett**

Signature

Digitally signed by Carol Everett  
Date: 2016.12.13 14:56:52 -06'00'

**12/13/2016**

Date

Class D Pharmacy Exemption Granted:  Yes  No

Signature

Date



## **Family Planning Program**

### **Pharmacy and Medication Policy**

The Heidi Group/Community Wellness Clinic, will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
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4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



**Family Planning Program****Class D Pharmacy License Exemption Request****PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Health4U Clinic</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>1321 East Pioneer Pkwy</b>	City <b>Arlington</b>	County <b>Tarrant</b>	State <b>TX</b>	ZIP <b>76010</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>		Contact Email Address <b>toni@heidigroup.org</b>	

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site. Walmart 2610 Pioneer Parkway, Pantego, TX 76013
- b) The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.
- c) The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.
- d) This method of payment is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

**PART IV – MEMORANDUM OF UNDERSTANDING (MOU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

**Carol Everett**

Signature

Digitally signed by Carol Everett  
Date: 2016.12.13 14:56:52 -06'00'

**12/13/2016**

Date

Class D Pharmacy Exemption Granted:  Yes  No

Signature

Date



## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Health4U Clinic Arlington will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
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**Family Planning Program**  
**Class D Pharmacy License Exemption Request**

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Health4U Clinic</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>3825 Yucca Ave #129</b>	City <b>Ft Worth</b>	County <b>Tarrant</b>	State <b>TX</b>	ZIP <b>76111</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>		Contact Email Address <b>toni@heidigroup.org</b>	

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site. Walmart 3851 Airport Fwy Fort Worth, TX 76111
- b) The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.
- c) The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.
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- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

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**Carol Everett**

Digitally signed by Carol Everett  
Date: 2016.12.13 14:56:52 -06'00'

**12/13/2016**

Date

Class D Pharmacy Exemption Granted:  Yes  No

Signature

Date



## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Health4U Clinic Fort Worth, will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
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**Family Planning Program**  
**Class D Pharmacy License Exemption Request**

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Health Now Family Practice</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>1700 N Hampton Rd Suite 105</b>	City <b>DeSoto</b>	County <b>Dallas</b>	State <b>TX</b>	ZIP <b>75115</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>		Contact Email Address <b>toni@heidigroup.org</b>	

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site.
- b) The Pharmacy will bill the Clinic provider. The provider will pay the pharmacy invoice and then submit for reimbursement from the Family Planning Program.
- c) Agreement with the pharmacy to provide 12-month prescription for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

**PART IV – MEMORANDUM OF UNDERSTANDING (MOU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

**Carol Everett**

Signature

Digitally signed by Carol Everett  
Date: 2016.12.13 14:56:52 -06'00'

**12/13/2016**

Date

Class D Pharmacy Exemption Granted:    Yes    No

Signature

Date

## MEMO OF UNDERSTANDING

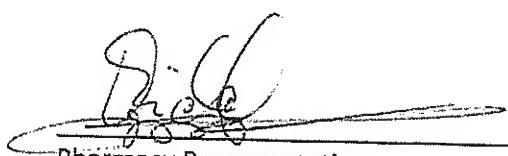
Meridian Pharmacy Group  
(Name of Pharmacy) has an agreement with Health and Allied Health  
(Doctor or Clinic)  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

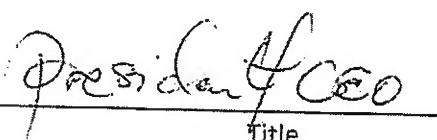
Health and Allied Health  
(Doctor or Clinic) will be billed for the prescriptions and in turn will seek reimbursement from the State of Texas through the Family Planning Program.

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

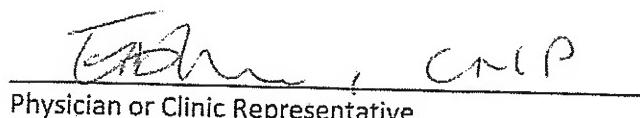
This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

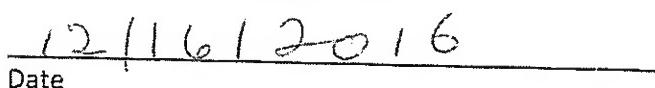
  
\_\_\_\_\_  
Pharmacy Representative

  
\_\_\_\_\_  
President/CEO  
Title

Date

Pharmacy Address:

  
\_\_\_\_\_  
Physician or Clinic Representative

  
\_\_\_\_\_  
Date





## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Health Now Family Practice, will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



**Family Planning Program**  
**Class D Pharmacy License Exemption Request**

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Hillside Family Health Clinic PA</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) 7130 Bell Street	City Amarillo	County Randall	State TX	ZIP 79109
Contact Name Toni Moman	Contact Telephone Number 512-255-2088	Contact Email Address toni@heidigroup.org		

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site.
- b) The Pharmacy will bill the Clinic provider. The provider will pay the pharmacy invoice and then submit for reimbursement from the Family Planning Program.
- c) Agreement with the pharmacy to provide 12-month prescription for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

**PART IV – MEMORANDUM OF UNDERSTANDING (MoU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

**Carol Everett**

Signature

Digitally signed by Carol Everett  
Date: 2016.12.13 14:56:52 -06'00'

**12/13/2016**

Date

Class D Pharmacy Exemption Granted:  Yes  No

Signature

Date

## MEMO OF UNDERSTANDING

AMARILLO PHARMACY has an agreement with Hillsdale Family Health Clinic  
(Name of Pharmacy) (Doctor or Clinic)  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Hillsdale Family Health will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic) Clinic from the State of Texas through the Family Planning Program.

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

Ramona J  
Pharmacy Representative

PIC

Title

12-16-2016  
Date

Pharmacy Address:  
6010 S Western Dr, Suite 100  
Amarillo TX 79110

Norissa Aguirre  
Physician or Clinic Representative

12-16-16  
Date



MEMO OF UNDERSTANDING

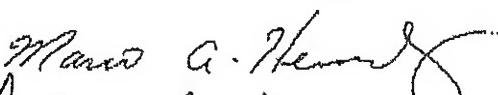
Grand Pharmacy has an agreement with Hillside Family Clinic  
(Name of Pharmacy) (Doctor or Clinic)  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Hillside Family Clinic will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic) from the State of Texas through the Family Planning Program.

The agreement is for the pharmacy to fill the following generic medications:

- \* Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring);
- \* anti-infectives for the treatment of STIs and other infections; and
- \* other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

  
Mario A. Hernandez Pharmacist-in-Charge  
Pharmacy Representative Title

12/16/16

Date

Pharmacy Address:

GRANDPHARMACY  
3500 NE 24th St.  
Amarillo TX 79107  
ph 806-350-7455  
fax 806-350-7458

\_\_\_\_\_  
Physician or Clinic Representative

\_\_\_\_\_  
Date

  
HEDDI GROUP



## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Hillside Family Health Clinic PA, will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in one of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.

